

0523709 21MM4011 2878

ARREST / NOTICE TO APPEAR Juvenile Referral Report		1. Arrest 2. N.T.A.		3. Request for Warrant 4. Request for Capias		1		Juvenile	
OBTS Number		Agency ORI Number FL0501300		Agency Name GULF STREAM POLICE DEPARTMENT		Agency Report Number (N.T.A.'s only) 44- 21180			
Charge Type: Check as many as apply.		<input type="checkbox"/> 1. Felony <input type="checkbox"/> 2. Traffic Felony <input checked="" type="checkbox"/> 3. Misdemeanor <input type="checkbox"/> 4. Traffic Misdemeanor <input type="checkbox"/> 5. Ordinance <input type="checkbox"/> 6. Other		Weapon Seized / Type <input checked="" type="checkbox"/> 1. Yes <input type="checkbox"/> 2. No		Multiple Clearance Indicator			
Location of Arrest (Including Name of Business) 540 PALM WAY GULF STREAM, FL 33483		Location of Offense (Business Name, Address) 540 PALM WAY GULF STREAM, FL 33483							
Date of Arrest 06/03/20	Time of Arrest 0012	Booking Date	Booking Time	Jail Date	Jail Time	Location of Vehicle			
Name (Last, First, Middle) CALICCHIO, THOMAS		Alias (Name, DOB, Soc. Sec. #, Etc.)							
Race W - White 1 - American Indian B - Black 0 - Oriental/Asian		Sex W	Date of Birth 12/10/57	Height 507	Weight 175	Eye Color Blue	Hair Color GREY	Complexion FAIR	Build MED
Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description) UNKNOWN		Marital Status MARRIED	Religion NONE	Indication of Alcohol Influence Y <input type="checkbox"/> N <input type="checkbox"/> Unk. <input type="checkbox"/>		Indication of Drug Influence Y <input type="checkbox"/> N <input type="checkbox"/> Unk. <input type="checkbox"/>			
Local Address (Street, Apt. Number) (City) (State) (Zip) 540 PALM WAY GULF STREAM FL 33483		Phone (561) 400-0678		Residence Type: 1. City 2. County 3. Florida 4. Out of State 3					
Permanent Address (Street, Apt. Number) (City) (State) (Zip) 540 PALM WAY GULF STREAM FL 33483		Phone (561) 400-0678		Address Source DAVID					
Business Address (Name, Street) (City) (State) (Zip) UNKNOWN		Phone ()		Occupation Retired					
D/L Number, State C428-828-57-818-07L		Soc. Sec. Number [REDACTED]		INS Number		Place of Birth New York		Citizenship US	
Co-Defendant Name (Last, First, Middle)		Race	Sex	Date of Birth	<input type="checkbox"/> 1. Arrested <input type="checkbox"/> 2. At Large		<input type="checkbox"/> 3. Felony <input type="checkbox"/> 4. Misdemeanor <input type="checkbox"/> 5. Juvenile		
Co-Defendant Name (Last, First, Middle)		Race	Sex	Date of Birth	<input type="checkbox"/> 1. Arrested <input type="checkbox"/> 2. At Large		<input type="checkbox"/> 3. Felony <input type="checkbox"/> 4. Misdemeanor <input type="checkbox"/> 5. Juvenile		
Parent Legal Custodian Other:		Name (Last) (First) (Middle)		Residence Phone ()		Business Phone ()			
Address (Street, Apt. Number) (City) (State) (Zip)									
Notified by: (Name)		Date	Time	Juvenile Disposition 1. Handled/ processed within Dept. and Released.		2. TOT HRS / DYS 3. Incarcerated			
Released To: (Name)		Relationship		Date	Time				
The above address provided by <input type="checkbox"/> defendant and / or <input type="checkbox"/> defendant's parents The child and / or parent was told to keep the Juvenile Court Clerk (Phone 355-2526) informed of any change of address.		School Attended		Grade					
Property Crime? <input type="checkbox"/> Yes <input type="checkbox"/> No		Description of Property		Value of Property					
Drug Activity N. N/A P. Possess		S. Sell B. Buy T. Traffic	R. Smuggle D. Deliver E. Use	K. Dispense/ Distribute	M. Manufacture/ Produce/ Cultivate	Z. Other	Drug Type N. N/A A. Amphetamine		B. Barbiturate C. Cocaine E. Heroin
H. Hallucinogen M. Marijuana O. Opium/deriv.		P. Paraphernalia/ Equipment S. Synthetics		U. Unknown Z. Other					
Charge Description DOMESTIC BATTERY		Counts 1	Domestic Violence <input checked="" type="checkbox"/> Y <input type="checkbox"/> N	Statute Violation Number 784.03(1)(a)(I)		Violation of ORD #			
Drug Activity N		Drug Type N	Amount / Unit	Offense #	Warrant / Capias Number	Bond			
Charge Description		Counts	Domestic Violence <input type="checkbox"/> Y <input type="checkbox"/> N	Statute Violation Number		Violation of ORD #			
Drug Activity		Drug Type	Amount / Unit	Offense #	Warrant / Capias Number	Bond			
Charge Description		Counts	Domestic Violence <input type="checkbox"/> Y <input type="checkbox"/> N	Statute Violation Number		Violation of ORD #			
Drug Activity		Drug Type	Amount / Unit	Offense #	Warrant / Capias Number	Bond			
Charge Description		Counts	Domestic Violence <input type="checkbox"/> Y <input type="checkbox"/> N	Statute Violation Number		Violation of ORD #			
Drug Activity		Drug Type	Amount / Unit	Offense #	Warrant / Capias Number	Bond			
Location (Court, Room Number, Address) 200 W. Atlantic Avenue Courtroom #1, Delray Beach, FL 33444									
Court Date and Time Month Day Year Time AM PM									
I AGREE TO APPEAR AT THE TIME AND PLACE DESIGNATED TO ANSWER THE OFFENSE CHARGED OR TO PAY THE FINE SUBSCRIBED. I UNDERSTAND THAT SHOULD I WILLFULLY FAIL TO APPEAR BEFORE THE COURT AS REQUIRED BY THIS NOTICE TO APPEAR, THAT I MAY BE HELD IN CONTEMPT OF COURT AND A WARRANT FOR MY ARREST SHALL BE ISSUED									
Signature of Defendant (or Juvenile and Parent /Custodian)					Date Signed SCANNED				
HOLD for other Agency Name:		Signature of Arresting Officer [Signature]			Name Verification (Printed by Arrestee) JUN 03 2021				
<input type="checkbox"/> Dangerous <input type="checkbox"/> Suicidal <input type="checkbox"/> Resisted Arrest <input type="checkbox"/> Other:		Name of Arresting Officer (Print) OFC. JUSTIN MENARD			I.D. # 761		PAGE 1 of 2		
Inter. Deputy [Signature]		I.D. #	Pouch #	Transporting Officer OFC. JUSTIN MENARD		ID # 761	Agency Gulf Stream PD		Witness here if subject signed with an "X"

ARREST / NOTICE TO APPEAR Juvenile Referral Report		1. Arrest 2. N.T.A.	3. Request for Warrant 4. Request for Capias	1	Juvenile
OBTS Number					
Agency ORI Number FL0501300		Agency Name GULF STREAM POLICE DEPARTMENT		Agency Report Number (N.T.A.'s only) 44-	
Charge Type: Check as many as apply: <input type="checkbox"/> 1. Felony <input type="checkbox"/> 2. Traffic Felony <input checked="" type="checkbox"/> 3. Misdemeanor <input type="checkbox"/> 4. Traffic Misdemeanor <input type="checkbox"/> 5. Ordinance <input type="checkbox"/> 6. Other		Weapon Seized / Type <input checked="" type="checkbox"/> 1. Yes <input type="checkbox"/> 2. No		Multiple Clearance Indicator	
Location of Arrest (Including Name of Business) 540 PALM WAY GULF STREAM, FL 33483		Location of Offense (Business Name, Address) 540 PALM WAY GULF STREAM, FL 33483			
Date of Arrest 06/03/20	Time of Arrest 0012	Booking Date	Booking Time	Jail Date	Jail Time
Location of Vehicle					
Name (Last, First, Middle) CALICCHIO, THOMAS					
Alias (Name, DOB, Soc. Sec. #, Etc.)					
Race W - White 1 - American Indian B - Black 0 - Oriental/Asian W		Sex M	Date of Birth 1/10/57	Height 507	Weight 175
Eye Color Blue		Hair Color Grey	Complexion Fair	Build Med	
Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description) UNKNOWN		Martial Status MARRIED	Religion NONE	Indication of Alcohol Influence Y <input checked="" type="checkbox"/> N <input type="checkbox"/> Unk. <input type="checkbox"/>	
Local Address (Street, Apt. Number) 540 PALM WAY		(City) GULF STREAM	(State) FL	(Zip) 33483	Phone (561) 400-0678
Permanent Address (Street, Apt. Number) 540 PALM WAY		(City) GULF STREAM	(State) FL	(Zip) 33483	Phone (561) 400-0678
Business Address (Name, Street) UNKNOWN		(City)	(State)	(Zip)	Phone
D/L Number, State C28-820-57-010-0/FL		Soc. Sec. Number		INS Number	Place of Birth UNKNOWN
Co-Defendant Name (Last, First, Middle)		Race	Sex	Date of Birth	<input type="checkbox"/> 1. Arrested <input type="checkbox"/> 2. At Large <input type="checkbox"/> 3. Felony <input type="checkbox"/> 4. Misdemeanor <input type="checkbox"/> 5. Juvenile
Co-Defendant Name (Last, First, Middle)		Race	Sex	Date of Birth	<input type="checkbox"/> 1. Arrested <input type="checkbox"/> 2. At Large <input type="checkbox"/> 3. Felony <input type="checkbox"/> 4. Misdemeanor <input type="checkbox"/> 5. Juvenile
Parent <input type="checkbox"/> Legal Custodian <input type="checkbox"/> Other		Name (Last) (First) (Middle)		Residence Phone	
Address (Street, Apt. Number)		(City)	(State)	(Zip)	Business Phone
Notified by: (Name)		Date	Time	Juvenile Disposition 1. Handled/processed within Dept. and Released. 2. TOT HRS / DYS 3. Incarcerated	
Released To: (Name)		Relationship		Date	Time
The above address provided by <input type="checkbox"/> defendant and / or <input type="checkbox"/> defendant's parents. The child and / or parent was told to keep the Juvenile Court Clerk (Phone 355-2526) informed of any change of address. <input type="checkbox"/> Yes, by: (Name) <input type="checkbox"/> No: (Reason)		School Attended		Grade	
Property Crime? <input type="checkbox"/> Yes <input type="checkbox"/> No		Description of Property		Value of Property	
Drug Activity N. N/A P. Possess		S. Sell B. Buy T. Traffic	R. Smuggle D. Deliver E. Use	K. Dispense/ Distribute	M. Manufacture/ Produce/ Cultivate
Z. Other		Drug Type N. N/A A. Amphetamine		B. Barbiturate C. Cocaine E. Heroin	H. Hallucinogen M. Marijuana O. Opium/deriv.
P. Paraphernalia/ Equipment S. Synthetics		U. Unknown Z. Other			
Charge Description DOMESTIC BATTERY		Counts 1	Domestic Violence <input checked="" type="checkbox"/> Y <input type="checkbox"/> N	Statute Violation Number 784.03(1)(a)(1)	
Drug Activity N		Drug Type N	Amount / Unit	Offense #	Warrant / Capias Number
Charge Description		Counts	Domestic Violence <input type="checkbox"/> Y <input type="checkbox"/> N	Statute Violation Number	
Drug Activity N		Drug Type N	Amount / Unit	Offense #	Warrant / Capias Number
Charge Description		Counts	Domestic Violence <input type="checkbox"/> Y <input type="checkbox"/> N	Statute Violation Number	
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Drug Activity N		Drug Type N	Amount / Unit	Offense #	Warrant / Capias Number
Location (Court, Room Number, Address) 200 W. Atlantic Avenue Courtroom #1, Delray Beach, FL 33444					
Court Date and Time Month Day Year Time AM PM					
I AGREE TO APPEAR AT THE TIME AND PLACE DESIGNATED TO ANSWER THE OFFENSE CHARGED OR TO PAY THE FINE SUBSCRIBED. I UNDERSTAND THAT SHOULD I WILLFULLY FAIL TO APPEAR BEFORE THE COURT AS REQUIRED BY THIS NOTICE TO APPEAR, THAT I MAY BE HELD IN CONTEMPT OF COURT AND A WARRANT FOR MY ARREST SHALL BE ISSUED					
Signature of Defendant (or Juvenile and Parent /Custodian)					
Date Signed					
HOLD for other Agency Name:		Signature of Arresting Officer X		Name Verification (Printed by Arrestee)	
<input type="checkbox"/> Dangerous <input type="checkbox"/> Suicidal		Name of Arresting Officer (Print) OFC. JUSTIN MENARD		(PRINT)	
<input type="checkbox"/> Resisted Arrest <input type="checkbox"/> Other:		I.D. # 761			
Intake Deputy		Transporting Officer OFC. JUSTIN MENARD		Witness here if subject signed with an X	
I.D. #		ID # 761		Agency Gulf Stream	
Pouch #		Agency Gulf Stream		PAGE 2	

OBTS Number		PROBABLE CAUSE AFFIDAVIT		1. Arrest 2. N.T.A.		3. Request for Warrant 4. Request for Capias		1		Juvenile		
ADMIN	Agency ORI Number FL0501300		Agency Name GULF STREAM POLICE DEPARTMENT		Agency Report Number 44- 211180							
	Charge Type: Check as many as apply.		<input type="checkbox"/> 1. Felony <input type="checkbox"/> 2. Traffic Felony <input checked="" type="checkbox"/> 3. Misdemeanor <input type="checkbox"/> 4. Traffic Misdemeanor <input type="checkbox"/> 5. Ordinance <input type="checkbox"/> 6. Other		Special Notes:							
CHARGES	Name (Last, First, Middle) CALICCHIO, THOMAS		Alias		Race W		Sex M		Date of Birth 01/10/57			
	Charge Description DOMESTIC BATTERY		784.03((1)(a)(1))		Charge Description							
VICTIM	Victim's Name (Last, First, Middle) CALICCHIO, CAROL				Race W		Sex F		Date of Birth			
	Local Address (Street, Apt. Number) 540 PALM WAY		(City) GULF STREAM		(State) FL		(Zip) 33483		Phone (561) 400-0678		Address Source VICTIM	
	Business Address (Name, Street) 540 PALM WAY		(City) GULF STREAM		(State) FL		(Zip) 33483		Phone (561) 400-0678		Occupation ARTIST	
<p>The undersigned certifies and swears that he/she has just and reasonable grounds to believe, and does believe that the above named Defendant committed the following violation of law.</p> <p>The Person taken into custody</p> <p><input type="checkbox"/> committed the below acts in my presence.</p> <p><input type="checkbox"/> confessed to _____</p> <p><input type="checkbox"/> admitting to the below facts.</p> <p><input type="checkbox"/> was observed by _____ who told _____ that he/she saw the arrested person commit the below acts.</p> <p><input checked="" type="checkbox"/> was found to have committed the below acts, resulting from my (described) investigation.</p> <p>On the <u>2</u> day of <u>JUNE</u> 20 <u>21</u> at <u>10:27</u> <input type="checkbox"/> A.M. <input checked="" type="checkbox"/> P.M. (Specifically include facts constituting cause for arrest.)</p> <p>I WAS SITTING WITHIN THE GULF STREAM PATROL VEHICLE(763) WHICH WAS LOCATED AT THE GULF STREAM POLICE STATION REAR PARKING LOT WHEN A WHITE FEMALE MADE CONTACT WITH ME. I EXITED THE PATROL VEHICLE'S DRIVERS SIDE AND THE WHITE FEMALE, MRS. CAROL CALICCHIO DOB 05/19/1964 TOLD ME THAT HER HUSBAND HAD HIT HER ARM. I MADE CONTACT WITH SGT. O'DONNELL WHO WAS WITHIN THE GULF STREAM POLICE STATION VIA CELL 2. MRS. CALICCHIO HAD DRIVEN HERSELF TO THE GULF STREAM POLICE STATION. AT FIRST, MRS. CALICCHIO REFUSED MEDICAL TREATMENT. SGT. O'DONNELL, MRS. CALICCHIO AND I ENTERED THE GULF STREAM POLICE STATION. OFC. FIDLER ARRIVED AT THE GULF STREAM POLICE STATION TO ASSIST. MRS. CALICCHIO WAS IDENTIFIED BY A FLORIDA DRIVERS LICENSE. MRS. CALICCHIO GAVE A VERBAL AND WRITTEN STATEMENT OF WHAT OCCURRED. PICTURES WERE TAKEN OF MRS. CALICCHIO'S INJURY. MRS. CALICCHIO AGREED TO HAVE HER INJURY LOOKED AT. THE DELRAY BEACH FIRE RESCUE UNIT 1112 ARRIVED AT THE GULF STREAM POLICE STATION AND TREATED MRS. CALICCHIO'S SWOLLEN LEFT FOREARM WITH AN ICE PACK. MRS. CALICCHIO WAS NOT TRANSPORTED TO THE HOSPITAL. MRS. CALICCHIO'S INJURY TO HER RIGHT FOREARM OCCURRED AT APPROXIMATELY. 10:16 PM ON 06/02/2021. MRS. CALICCHIO ADVISED US THAT HER HUSBAND'S NAME WAS THOMAS CALICCHIO DOB 01/10/1957. MR. THOMAS CALICCHIO WAS IDENTIFIED BY DAVID(DRIVER AND VEHICLE INFORMATION DATABASE W/PICTURE). MRS. CALICCHIO ADVISED ME THAT HER HUSBAND HAD BEEN DRINKING. MRS. CALICCHIO ADVISED ME THAT HER SON MR. JON CALICCHIO DOB 04/03/1999 WITNESSED MR. THOMAS CALICCHIO HIT HER WHILE THEY WERE WITHIN THEIR RESIDENCE. THERE WERE NO WEAPONS INVOLVED HOWEVER MRS. CALICCHIO ADVISED THAT THERE ARE GUNS WITHIN THE HOUSE. MRS. CALICCHIO WAS GIVEN THE DOMESTIC VIOLENCE NOTIFICATION PAPER WORK AS REQUIRED AND DROVE AWAY FROM THE GULF STREAM POLICE STATION. SGT. O'DONNELL, OFC. FIDLER AND I TRAVELED TO 540 PALM WAY, GULF STREAM, FL WITHIN PALM BEACH COUNTY. I KNOCKED ON THE FRONT DOOR AND SGT. O'DONNELL AND I WERE GREETED BY THE SON, MR. JON CALICCHIO. MR. JON CALICCHIO THEN WAS ABLE TO GET HIS DAD, MR. THOMAS CALICCHIO TO SPEAK WITH US. MR. THOMAS CALICCHIO EXITED THE FRONT DOOR OF HIS RESIDENCE. MR. THOMAS CALICCHIO WAS PLACED INTO CUSTODY WITHOUT INCIDENT FOR DOMESTIC BATTERY. WHILE I WAS SPEAKING TO MR. CALICCHIO INCIDENT TO ARREST I DETECTED AN UNKNOWN ALCOHOLIC SUBSTANCE UPON HIS BREATH. I TRANSPORTED MR. CALICCHIO TO THE GULF STREAM POLICE STATION. WHILE WITHIN THE GULF STREAM POLICE STATION I READ TO MR. THOMAS CALICCHIO HIS MIRANDA WARNINGS. MR. THOMAS CALICCHIO REFUSED TO ANSWER ANY QUESTIONS. THE HAND CUFFS WERE REMOVED FROM MR. THOMAS CALICCHIO'S WRISTS AND THEN HE SAT DOWN ON A CHAIR. I GAVE MR. THOMAS CALICCHIO A BOTTLED WATER. SGT. O'DONNELL AND OFC. FIDLER HAD TO RESPOND TO A CALL. MR. THOMAS CALICCHIO WAS PLACED WITHIN THE HOLDING CELL. I FINISHED THE PAPER WORK THAT WAS REQUIRED. I THEN TRANSPORTED MR. CALICCHIO TO THE PALM BEACH COUNTY JAIL FOR FURTHER PROCESSING.</p>												
ADMINISTRATIVE	STATE OF FLORIDA COUNTY OF PALM BEACH (Signature of Arresting/Investigative Officer) <i>Menard</i>											
	The foregoing instrument was sworn to or affirmed and subscribed before me this <u>3</u> day of <u>JUNE</u> 20 <u>21</u> by <u>OFC. JUSTIN MENARD</u> 761											
	(Print name of Arresting/Investigative Officer), who is personally known to me and/or produced identification. Type of Identification produced <u>OFC. JUSTIN MENARD</u> 761											
Notary Public, Clerk of Court, Officer (F.S.S. 117.10)												

SCANNED PAGE 2 OF 2

JUN 03 2021 13:55 PACKET 3

VICTIM NOTIFICATION FORM

This form must be completed when one of the following crime(s) has been committed:

- Homicide (Ch. 782)
- Sexual Offense (Ch. 794)
- Attempted Murder
- Attempted Sexual Offense
- Stalking (F.S. 784.048)
- Domestic Violence - (This includes any assault, aggravated assault, battery, aggravated battery, sexual assault, sexual battery, stalking, aggravated stalking or any criminal offense resulting in physical injury or death of one family member or household member by another, who is or was residing in the same single dwelling.)

Upon completion, this form must accompany the booking paperwork.
If applying for a warrant, attach this form to the filing packet.

1. Incident Report #: 21-1180 Agency: GULF STREAM
Offense: Domestic Violence
Suspect/Offender: Thomas Calicchio
D.O.B. 01-02-1957 Race: W Sex: M

2. Warrant #(s): _____

3.a. Victim's name: CAROL ANN CALICCHIO D.O.B. 05/19/1968 Race: W Sex: F
Address: 540 PAIN WAY
City: GULF STREAM State: FL Zip: 33483
Home #: 561-400-0678 Work #: 561-400-0678 Other: _____

b. Victim's next of kin, friend or neighbor: _____
Address: _____
City: _____ State: _____ Zip: _____
Home #: _____ Work #: _____ Other: _____

NOTE: PURSUANT TO F.S. 119.07, THE CONTENTS OF THIS FORM MAY BE SUBJECT TO CONFIDENTIALITY.

Victim/Relation Notification Waiver and Confidential Information Request.

(check applicable boxes)

☐ **Waiver:** I choose not to be notified when the arrestee is released from custody.

☒ **Confidential:** I request the information on this form be kept confidential (applicable only to sexual battery, stalking, child abuse, harassment or domestic violence cases).

Signature of person waiving notification: _____

Printed name of person waiving notification: _____

Officer's Name: Off. Justin Menard I.D.# 761 Date: 06-08-2021

SUSPECT/OFFENDER: Calicchio

(FOR WARRANTS USE ONLY)

COURT CASE/WARRANT#:

SCANNED



**PALM BEACH COUNTY
SHERIFF'S OFFICE**
Florida State Statute Exemption Sheet

Palm Beach County Sheriff's Office – Arrests Only

	X	Florida State Statute	Description	Page Number(s)
L/E Exemptions	<input type="checkbox"/>	119.071(2)(d)	Surveillance techniques, procedures and personnel; inventory of law enforcement resources, policies or plans pertaining to mobilization deployment or tactical operations.	
	<input type="checkbox"/>	943.053, 943.0525	NCIC/FCIC/FBI and in-state FDLE/DOC.	
	<input type="checkbox"/>	119.071(4)(c)	Undercover personnel.	
	<input type="checkbox"/>	119.071(2)(f)	Confidential informants (CIs).	
	<input type="checkbox"/>	119.071(2)(e)	Confession.	
Public Info. Exemptions	<input type="checkbox"/>	985.04(1)	Juvenile offender records.	
	<input type="checkbox"/>	119.071(h)(i)	Assets of a crime victim.	
	<input type="checkbox"/>	395.3025(7)(a), 456.057(7)(a)	Medical information.	
	<input type="checkbox"/>	394.4615(7)	Mental health information.	
	<input type="checkbox"/>	119.071(4)(d)(2)(a)	Home address, telephone, Social Security number, date of birth, or photos of active/former LE personnel, spouses, and children.	
Florida Rules of Judicial Administration 2.420 (Rule of 23)	<input checked="" type="checkbox"/>	(iii) 119.0714(1)(i)-(j), (2)(a)-(e)	Social Security, bank account, charge, debit, and credit card numbers.	2-3
	<input type="checkbox"/>	(viii) 394.4615(7)	Clinical records under the Baker Act.	
	<input type="checkbox"/>	(xii) 741.30(3)(b)	The victim's address in a domestic violence action on petitioner's request.	
	<input type="checkbox"/>	(xiii) 119.071(2)(h), 119.0714(1)(h)	Protected information regarding victims of child abuse or sexual offenses.	
	<input type="checkbox"/>			
	<input type="checkbox"/>			
	<input type="checkbox"/>			
	<input type="checkbox"/>			
Other	<input type="checkbox"/>		Other:	
	<input type="checkbox"/>		Other:	

REVIEW COMPLETED BY

Booking Number: 2021013476	Date: 6/03/21
	Specialist Name/ID: J. Beck/9007

SCANNED
JUN 03 2021